U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. A. Name, file numbers of person filing. A. Name, file numbers of person filing. Name Anthony R Bartels Labor Organia	1 / 2005 Through: 12 / 31 / 2005 mber, and address of labor organization. V Local Union 965	
Name Anthony R Bartels Name IBEN	V Local Union 965	
Labor Organia		
	ration Eila Mumbar - 043 - 003	
D.O. Boy Older Deep No. 16 and	zation File Number 041-087	
P.O. Box, Bldg., Room No., if any P.O. Box, Bui	lding and Room Number, if any	
Street N2128 Tri County Rd Street 1602	Street 1602 S. Park Street Room 220	
City Columbus City Madi	City Madison	
State Wisconsin ZIP Code + 4 53925 State Wisc	consin ZIP Code + 4 53715	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Adams-Columbia Electric Cooperative	Shares in Cooperative		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any PO Box 70			
	7.b. Amount.		
Street 401 East Lake Street			
City Friendship	\$1,336		
State Wisconsin ZIP Code + 4 53934			

Signature

15. Signature and verification. The undersigned declares, under penalty of submitted in this report/including the information contained in any accompany		
undersigned's knowledge and belief, true correct, and complete. (See the se	on $\frac{4}{24/66}$	608 259 2400
	Date	Telephone Number

Name of Person Filing Anthony Bartels	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4	· · · · · · · · · · · · · · · · · · ·			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	,			
Street				
City				
State ZIP Code + 4				
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.			